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**Application Data Sheet****Application Information****Application number::** 09/919,787**Filing Date::** 07/31/01**Application Type::** Regular**Subject Matter::** Utility**Suggested classification::****Suggested Group Art Unit::****CD-ROM or CD-R??::****Number of CD disks::****Number of copies of CDs::****Sequence Submission::****Computer Readable Form (CRF)?::****Number of copies of CRF::****Title::** COMPUTER IMPLEMENTED METHOD OF  
MANAGING INFORMATION DISCLOSURE  
STATEMENTS**Attorney Docket Number::** 020313-000520US**Request for Early Publication::** No**Request for Non-Publication::** No**Suggested Drawing Figure::** 10**Total Drawing Sheets::** 23**Small Entity?::** Yes**Latin name::****Variety denomination name::****Petition included?::** No**Petition Type::****Licensed US Govt. Agency::****Contract or Grant Numbers One::**

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffry  
Middle Name:: J.  
Family Name:: Grainger  
Name Suffix::  
City of Residence:: Portola Valley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 95 Palmer Lane  
City of Mailing Address:: Portola Valley  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: R.  
Family Name:: Shay  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing Address:: 1515 Madrona Drive

City of Mailing Address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98122

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Cecily  
Middle Name:: Anne  
Family Name:: Snyder  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 545 Arguello Boulevard, #4  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94118

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This Application Continuation-in-part of 09/733,616 12/07/00

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name:: First to File, Inc.  
Street of mailing address:: 3355 Edison Way  
City of mailing address:: Menlo Park  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025